Texas 10, LLC Form 690 – Annual Report for August 2015 – July 2016

Project Status Description

Item: SAC 448008

County/State: Angelina, TX

Total Award Amount: \$253,320.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

E SECRETORUM NE	Fund - §54.1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448009	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2016	
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	
1000			
<040>	Has the information required pursuant to §54.1009 be compared to §54.1009 be c		<040>
	<042> Cite the Study Area Code (SAC) for the For	m 481 reporting	<042>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	tribal lands? Yes or No)	\circ

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ier Contact Form	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code	448009
<015> <020>	Study Area Name Program Year	Texas 10, LLC 2016
<030>	Contact Name - Person USAC should contact regarding	
<035>	Contact Telephone Number - Number of person identif	
<039>	Contact Email Address - Email Address of person identi	fied in data line <030> cstrausbaugh@cellonenation.com
Deporting	Carrier / Mobility Fund Phase 1 Winning Bidder	
<110>	FCC Registration Number	17235110
<111>	Filing Carrier Name	Texas 10, LLC
<112>	Winning Bidder Carrier Name	Texas 10, LLC
<113>	Street Address (or PO Box)	1170 Devon Park Drive, Suite 104
		Wayne
<114>	City	
<115>	State	PA
<116>	Zip-Code	19087
<117>	Telephone Number	6105356474 ext.
<118>	Fax Number	6106885209
<119>	Email Address	cstrausbaugh@cellonenation.com
Contact In	formation	
	if same as above, indicate in this box	
<120>	Name (First, MI, Last, Suffix)	Chad Strausbaugh
<121>	Filing Carrier Name	Texas 10, LLC
<122>	Street Address (or PO Box)	1170 Devon Park Drive. Suite 104
<123>	City	Wayne
<124>	State	PA
<125>	Zip-Code	19087
<126>	Telephone Number	6105356474 ext.
<127>	Fax Number	6106885209
<128>	Email Address	cstrausbaugh@cellonenation.com
<u>Authorize</u>	d Agent Information	
	if no agent, indicate in this box	
<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	A PARTY
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	

(060) Co	verage and Performance Report Supply		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448009	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.co	m
<140>	Coverage and Performance Report Year 08/2015 - 07/2016		

Coverage and Performace attachments

<141> <b1> <b2> <b3> <c1> <c2> <c3> <c4> Total Road Road Certify that Road Miles per Miles Coverage and Resident Total Resident Miles Census covered Performance data Resident Population Population Block is uploaded per per Population per Newly Reached Reached by Census Newly (Yes/no) Census State County Census Block Census Block by Service Service Block Reached Block -- \$ee attached worksheet

(070) Urba	n Rate Comparabil	ty Certification Compliance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
	Study Area Code	448009 Tevas 10, LLC	

<010>	Study Area Code	448009
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

C	Certification of Officer or	r Employee as to Compliance with 47	CFR §54.1009(a)(4)
I certify that I am an officer or employee of form and in any attachments is accurate.	f the reporting carrier; my re	esponsibilities include ensuring compliance v	with 47 CFR §54.1009(a)(4), the information reported on this
Name of Reporting Carrier: Texa	s 10, LLC		
Signature of Authorized Officer:			Date
Printed name of Authorized Officer:	Chad Strausbaugh		
Title or position of Authorized Officer:	Staff Counsel		
Telephone number of Authorized Officer:	6105356474 ext.		
Study Area Code of Reporting Carrier:	448009	Filing Due Date for this form:	07/01/2016
Persons willfully making false statemer	•	d by fine or forfeiture under the Communications of the 18 of the United States Code, 18 U.S.C. § 1001.	Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an	Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the reporting	carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the reports and o	data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	The state of the s
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
	by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment le 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based o		
data provided by the reporting carrier; and, to the best of m		
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Agen	t:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

(080) Triba	al Lands Reporting	Tiple in the second sec	parts.		FCC Form 690 Approved by OMB OMB Control No. 3C	060-1185 t Lia
						- C - C - C - C - C - C - C - C - C - C
<010>	Study Area Code		448009			
<015>	Study Area Name		Texas 10, LLC			
<020>	Program Year		2016			
<030>	Contact Name - Person USAC should contact regarding		Chad Strausbaugh			
<035>	Contact Telephone Number - Number of person identifi					
<039>	Contact Email Address - Email Address of person identif	fied in data line <03	0> cstrausbaugh@cellone	enation.com		
<142>	State					
<142×	County					
<143>	County .					
<144>	Tribal Land(s) on which ETC Serves					
<145>	Tribal Government Engagement Obligation	Name of Attached Do	cument (.pdf)			
	If your company serves Tribal lands, please select (Yes, I each of these boxes to confirm the status described on PDF, on line 145, demonstrates coordination with the T government pursuant to § 54.1004 includes:	the attached	for			
<146>	Needs assessment and deployment planning with a foc community anchor institutions;		Select Yes, No, Not Applicable)			
<147>	Feasibility and sustainability planning;	L				
<148>	Marketing services in a culturally sensitive manner;	L				
<149>	Compliance with Rights of way processes	Γ				

<150> Compliance with Land Use permitting requirements

<152> Compliance with Environmental Review processes

Compliance with Cultural Preservation review processes <154> Compliance with Tribal Business and Licensing requirements.

<151> Compliance with Facilities Siting rules

<153>

(090) Project	Update Information	FCC Form 690 Approved by OMB
		OMB Control No., 3060-1185 Page 6 of 8
<010>	Study Area Code	448009
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	55088.00
<203>	Total Mobility Fund Support Disbursed	53964.20
		
<210>	Actual Completion Date	07/16/2015
<211>	Project Status Description (attached)	448009_PSD_TX.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	<u> </u>
<213>	Status of Network Deployment - Construction	<u> </u>
<214>	Status of Network Deployment - Deployment	<u> </u>
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	
<217>	Project Plan Status	
<218>	Network will Support 3G/4G Mobile Service ?) 3G

		Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
<010>	Study Area Code	448009
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> cstrausbaugh@cellonenation.com

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.		
Name of Reporting Carrier: Texas 10, LLC		
Signature of Authorized Officer:	Date	
Printed name of Authorized Officer: Chad Strausbaugh		
Fitle or position of Authorized Officer: Staff Counsel		
Telephone number of Authorized Officer: 6105356474 ext.		
Study Area Code of Reporting Carrier: 448009	Filing Due Date for this form: 07/01/2016	

06/15/2016 56

|--|

<010>	Study Area Code	448009
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstraushaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier						
certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier. I lso certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized gent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.						
Name of Authorized Agent:						
Name of Reporting Carrier:						
Signature of Authorized Officer:	Date:					
Printed name of Authorized Officer:						
Title or position of Authorized Officer:						
Telephone number of Authorized Officer:						
Study Area Code of Reporting Carrier:	Filing Due Date for this form:					
Persons willfully making false statements on this form c	be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. Name of Reporting Carrier: Name of Authorized Agent Firm: Signature of Authorized Agent or Employee of Agent: Date: Name of Authorized Agent or Employee of Agent Telephone number of Authorized Agent or Employee of Agent: Study Area Code of Reporting Carrier: Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



(0 6 0) Co	verage al	nd Performan	ice Report						Appro	orm 690 oved by OMB Control No. 3060-1185
<010>	Study Area Code 448009									
<015>	Study A	rea Name				Texas :	10, LLC			
<020>	Program	n Year				2016				
<030>	Contac	t Name - Per	son USAC should co	ontact regarding	g this data		trausbaugh			
<035>	Contac	t Telephone I	Number - Number	of person ident	ified in data lin	E <030>	6474 ext.			
<039>	Contac	t Email Addre	ess - Email Address	of person ident	tified in data lir	ne <030> cstrau	sbaugh@cellonenat	ion.com		
<140>	Covera	ge and Perfo	rmance Report Yea	ır <u>.</u>		08/2015	- 07/2016			
<141>	<al></al>	₹ a2>	<a3></a3>	col z	 	-cb3>	/ I ₹dis	(62)	<	<d>> d></d>
	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
	тх	Cherokee	0000	0	0	0	0.0	0.0	0.0	Yes

State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
TX	Cherokee	0000	0	0	0	0.0	0.0	0.0	Yes
-									
<u> </u>									

	0	Percentage of Total	0
Percentage of		Road Miles covered	
Total Population		by Service	
Reached by			
Service			

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2015 – July 2016

Project Status Description

Item: SAC 448009

County/State: Cherokee, TX Total Award Amount: \$55,088.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

	Fund \$54.1009 Annual Reporting lection Form		Avg. Burde	FCC Form Approved by OMB OMB 3060-1185 en Estimate per Respondent: 18 Hours
	Study Area Code	448010		
<015>	Study Area Name	Texas 10, LLC		
<020>	Program Year	2016		
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
all lipsey constitutes		2211111	STEET TO STEET STEET	
<040>	Has the information required pursuant to §54.1009 l	been provided with a Form 481 filing (Y/N)	<040> 🔘	•
	<041> Attach a description of the documents file	d with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the For	m 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cove	r tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

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(050) Carri	er Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		448010	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding the		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifie		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identific	ed in data line <u3u></u3u>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>		17235110		
<111>		Texas 10, LLC		
<112>				
<113>		Texas 10, LLC 1170 Devon Park Driv	re Suite 104	
	•	Wayne	ve, saite ivi	
<114>	*			
<115>	•	PA		
<116>	•	19087		
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	6106885209		
<119>	Email Address	cstrausbaugh@cellone	enation.com	
Contact In	<u>formation</u>			
	if same as above, indicate in this box			
<120>	Name (First, MI, Last, Suffix)	Chad Strausbaugh		4
<121>	Filing Carrier Name	Texas 10, LLC		
<122>	Street Address (or PO Box)	1170 Devon Park Driv	e. Suite 104	
<123>	City	Wayne		
<124>	State	PA		
<125>	Zip-Code	19087		
<126>	Telephone Number	6105356474 ext.		
<127>	Eav Number	6106885209		
<128>	For all Address	cstrausbaugh@cellone	nation com	
	<u>-</u>	cattadabadgii*ce+10iic	THE COME	
Authorized	## Agent Information if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)		-	
<133>	City	,		
<134>	State		AND	
	_			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			

(060) Co	verage and Performance Report	FCC Form 690 Ap proved by QMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448010
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2015 - 07/2016	

448010_CPRd_TX.zip

Coverage and Performace attachments

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<141>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<ba> √b3></ba>	<c1></c1>	<c2></c2>	<c3></c3>	<d>≺d></d>
								Road	Total Road	Certify that
					Resident	Total Resident	Road Miles	Miles per Census	Miles covered	Coverage and Performance data
					Population Newly Reached	Population	per Census	Block Newly	per Census	is uploaded (Yes/no)
	State	County			by Service	Service	1		Block	(Tes/Ho)
				9	<u>see attach</u>	<u>ed worksl</u>	heet			
										
										44-12-

,	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(070) Uri	aan Rate Comparability Certification Compliance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
<010>	Study Area Code	448010
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.

cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030>

C	ertification of Officer or E	mployee as to Compliance with 47 CFR §54.1009(a)(4)	
certify that I am an officer or employee of form and in any attachments is accurate.	the reporting carrier; my resp	onsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported of	n this
Name of Reporting Carrier: Texa	s 10, LLC		
Signature of Authorized Officer:		Date	
Printed name of Authorized Officer:	Chad Strausbaugh		
Title or position of Authorized Officer:	Staff Counsel		
Telephone number of Authorized Officer:	6105356474 ext.		
Study Area Code of Reporting Carrier:	448010	Filing Due Date for this form: 07/01/2016	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) carrier. I also certify that I am an officer or employee of the authorized agent; and, to the best of my knowledge, the rep	is authorized to submit the information reported on behalf of the reporting reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the orts and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Fitle or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
· Y	e punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

	to submit the certification on behalf of the reporting carrier; I have provided the data reported herein base
data provided by the reporting carrier; and, to the best of m	nowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
lame of Authorized Agent Firm:	
ignature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
itle or position of Authorized Agent or Employee of Agent	
elephone number of Authorized Agent or Employee of Agen	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:

(000) T-11	a Lands Reporting		TO REALIZE TO THE PROPERTY OF THE PERSON OF	
(USU) I FIDA	at Lanus Reporting			FCC Form 690 Approved by OMB
344				OMB Control No. 3060-1185
				Page 5 of 8
<010>	Study Area Code			
<015>	Study Area Code Study Area Name		448010 Texas 10, LLC	- Service and the
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identif		0200000171 01101	
<039>	Contact Email Address - Email Address of person identi	iled in data line	<pre><030> cstrausbaugh@cellonenation.cc</pre>	mo
<142>	State			
-1425	Country			
<143>	County			
-1115	Tribal Land/s\ on which FTC Somes			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation			
/143 /	Tribal Government Engagement Obligation	Name of Attache	d Document (.pdf)	
			,	
	If your company serves Tribal lands, please select (Yes,	No, Not Applicat	ole) for	
	each of these boxes to confirm the status described on			
	PDF, on line 145, demonstrates coordination with the government pursuant to § 54.1004 includes:	Fribal		
	government parsuant to 9 54.1004 includes.			
			Select	
			(Yes, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a foo	cus on Tribal	, , , , , , , , , , , , , , , , , , , ,	
	community anchor institutions;			
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			
<153>	Compliance with Cultural Preservation review processes	r		

<154> Compliance with Tribal Business and Licensing requirements.

(090) Project	Update Information		FCC Form 690
			Approved by OMB
			OMB Control No. 3060-1185
			Page 6 of 8
<010>	Study Area Code	448010	
<015>	Study Area Name	Texas 10,	LLC
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Stra	-
<035>		610535647	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausba	ugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16	/2013
<201>	Targeted Completion Date	08/17	/2015
<202>	Total Mobility Fund Support Awarded	20995	2.00
<203>	Total Mobility Fund Support Disbursed	19903	4.50
<210>	Actual Completion Date	<u> </u>	
\210>	Actual Completion Date	07/2	7/2015
<211>	Project Status Description (attached)	4480	10_PSD_TX.pdf
		į	
		[{Nam	ne of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	•	,
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information		
	shall be submitted as appropriate.		
<212>	Status of Network Deployment - Network Design		7
<213>	Status of Network Deployment - Construction	—	
<214>	Status of Network Deployment - Deployment		┥
<215>	Status of Network Deployment - Maintenance	1	7
<216>	Project Budget Status	1	7
<217>	Project Plan Status	✓	
<218>	Network will Support 3G/4G Mobile Service ?) 3G	O 4G

(101) Cent	ification - Reporting Carrier	PCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
<010>	Study Area Code	448010
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities i best of my knowledge, the information reported on this form and in any	nclude ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the attachments is accurate.
Name of Reporting Carrier: Texas 10, LLC	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer: Chad Strausbaugh	
Fitle or position of Authorized Officer: Staff Counsel	
Telephone number of Authorized Officer: 6105356474 ext.	
Study Area Code of Reporting Carrier: 448010	Filing Due Date for this form: 07/01/2016

06/15/2016 68

Line to the contract of the co	(102) Certification - Agent / Carrier		FCC Form 690 Approved by OMB. OMB Control No. 3060-1185 Page 8 of 8
--	---------------------------------------	--	---

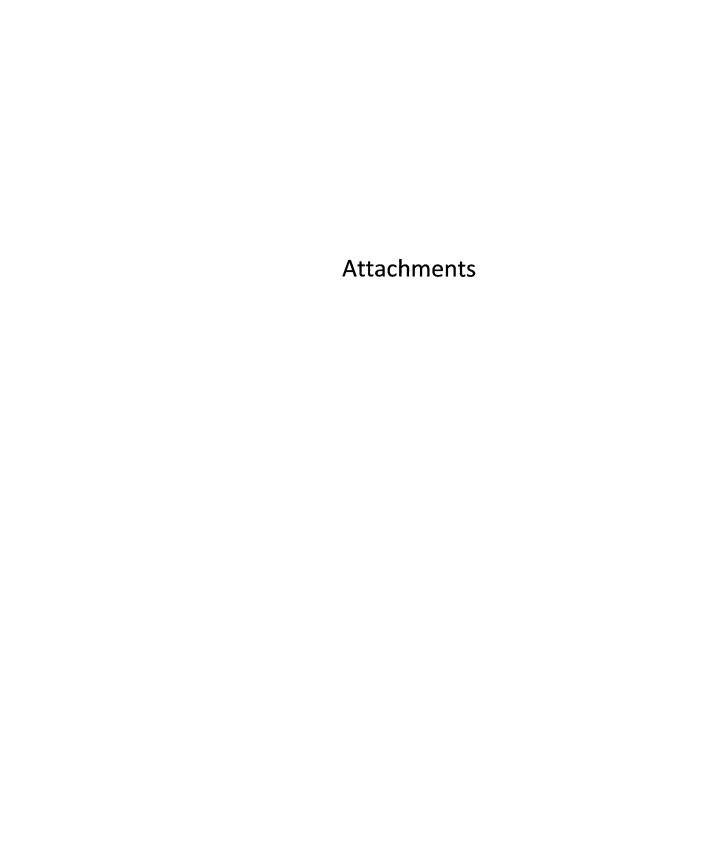
<010>	Study Area Code	448010
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

is authorized to submit the information reported on behalf of the reporting carrier. I ude ensuring the accuracy of the data reporting requirements provided to the authorized authorized agent is accurate.
Date:
ing Due Date for this form:
-

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier					
	prized to submit the reports for Mobility Fund recipients on beh carrier; and, to the best of my knowledge, the information repo				
Name of Reporting Carrier:					
Name of Authorized Agent Firm:		NI TOTAL CONTROL OF THE CONTROL OF T			
ignature of Authorized Agent or Employee of Agent: Date:					
Name of Authorized Agent Employee:					
Title or position of Authorized Agent or Employee of Agent					
Telephone number of Authorized Agent or Employee of Ag	ent:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				
Persons willfully making false statements on this form of	an be punished by fine or forfeiture under the Communications Act of : 18 of the United States Code, 18 U.S.C. § 1001.	1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title			



FCC Form 690 (060) Coverage and Performance Report Approved by OMB OMB Control No. 3060-1185 448010 <010> Study Area Code <015> Study Area Name Texas 10, LLC <020> Program Year <030> Contact Name - Person USAC should contact regarding this data Chad Strausbaugh 6105356474 ext. <035> Contact Telephone Number - Number of person identified in data line <030> <039> Contact Email Address - Email Address of person identified in data line <030> cstrausbaugh@cellonenation.com <140> Coverage and Performance Report Year 08/2015 - 07/2016

<141>

<a1></a1>	<a2></a2>	<á3>	₹ 61>	<b2></b2>	<685×	<c1></c1>	<c2></c2>	<c3></c3>	<d≻< th=""></d≻<>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
TX	Cherokee	0000	0	0	0	0.0	0.0	0.0	Yes
<u> </u>					, and the second	0.0	0.0		
				-					
ļ									
						:			
									-
		<u></u>							
		***************************************			41				

Percentage of
Total Population
Reached by
Service

0		

Percentage of Tota
Road Miles covered
by Service

0			

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2015 – July 2016

Project Status Description

Item: SAC 448010

County/State: Cherokee, TX

Total Award Amount: \$209,952.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

: A	Fund §54.1009 Annual Reporting lection Form	FCC Form Approved by OM OMB 3060-118 Avg. Burden Estimate per Respondent: 18 Hour
<010>	Study Area Code	448011
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com
41-20 Kg		
<040>	Has the information required pursuant to §54.1009 be compared to §54.1009 be c	
	Note: Attach a description of the documents me	u with the Form 481 reporting <041>
	<042> Cite the Study Area Code (SAC) for the For	m 481 reporting <042>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	r tribal lands? Yes or No)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	er Contact Form,	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code	448011
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding	
<035>	Contact Telephone Number - Number of person identif	2. 1. 1. 1. 2
<039> Reporting	Contact Email Address - Email Address of person identif	ed in data line <usu> cstrausbaudh@cellonenation.com</usu>
<110>	FCC Registration Number	17235110
<111>	Filing Carrier Name	Texas 10, LLC
<112>	Winning Bidder Carrier Name	Texas 10, LLC
<113>	Street Address (or PO Box)	1170 Devon Park Drive, Suite 104
<114>	City	Wayne
<115>	State	PA
<116>	Zip-Code	19087
<117>	Telephone Number	
<118>	Fax Number	6105356474 ext.
<119>	Email Address	6106885209
		cstrausbaugh@cellonenation.com
<120> <121> <122> <122> <123> <124> <125> <126> <127> <126> <127> <128>	formation if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address	Chad Strausbaugh Texas 10, LLC 1170 Devon Park Drive Suite 104 Wayne PA 19087 6105356474 ext. 6106885209 cstrausbaugh@cellonenation.com
Authorized	d Agent Information if no agent, indicate in this box Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
	•	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	

(060) Co	verage and Performance Report		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448011	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.co	m
<140>	Coverage and Performance Report Year 08/2015 - 07/2016		
	448011_CPRd	TX.zip	

Coverage and Performace attachments

<a1> <a2> <141> <b3> <c1> <c2> <c3> Total Road Road Certify that Road Miles per Miles Coverage and Resident Total Resident Miles Census Performance data covered Resident Population Population per Block per is uploaded Population per Newly Reached Reached by Census Newly Census (Yes/no) State Census Block by Service County Census Block Block Service Reached Block -- \$ee attached worksheet

,	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(070) Urb	oan Rate Comparability Certification Compliance		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
<010>	Study Area Code	448011	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	

6105356474 ext.

cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

<035> Contact Telephone Number - Number of person identified in data line <030>

<039> Contact Email Address - Email Address of person identified in data line <030>

Ca	ertification of Officer or I	Employee as to Compliance with 47	CFR §54.1009(a)(4)
I certify that I am an officer or employee of form and in any attachments is accurate.	the reporting carrier; my res	ponsibilities include ensuring compliance	with 47 CFR §54.1009(a)(4), the information reported on this
Name of Reporting Carrier: Texas	10, LLC		
Signature of Authorized Officer:			Date
Printed name of Authorized Officer:	Chad Strausbaugh		
Title or position of Authorized Officer:	Staff Counsel		
Telephone number of Authorized Officer:	6105356474 ext.		
Study Area Code of Reporting Carrier:	448011	Filing Due Date for this form:	07/01/2016
Persons willfully making false statement	•	by fine or forfeiture under the Communications 18 of the United States Code, 18 U S C. § 1001	Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment I.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) carrier. I also certify that I am an officer or employee of the rep authorized agent; and, to the best of my knowledge, the reports	is authorized to submit the information reported on behalf of the reporting porting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the sand data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
	unished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment or inder Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

the certification on behalf of the reporting carrier; I have provided the data reported herein based on the information reported herein is accurate.
Date:
Filing Due Date for this form:

(080) Triba	al Lands Reporting			FEC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448011	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding t	this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifi			
<039>	Contact Email Address - Email Address of person identif	ied in data line <	<030> cstrausbaugh@cellonenation	com
<142>	State			
<143>	County -	, , , , , , , , , , , , , , , , , , ,		
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached	I Document (ndf)	
	If your company serves Tribal lands, please select (Yes, Neach of these boxes to confirm the status described on t PDF, on line 145, demonstrates coordination with the T government pursuant to § 54.1004 includes:	No, Not Applicab the attached		
<146> <147> <148> <149>	Needs assessment and deployment planning with a foc- community anchor institutions; Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes	us on Tribal	Select (Yes, No, Not Applicable)	
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			

<152> Compliance with Environmental Review processes
<153> Compliance with Cultural Preservation review processes
<154> Compliance with Tribal Business and Licensing requirements.

(090) Project	Update Information	FCC Form 690: Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8.
<010>	Study Area Code	448011
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	146820.00
<203>	Total Mobility Fund Support Disbursed	140315.87
<210>	Actual Completion Date	07/28/2015
<211>	Project Status Description (attached)	448011_PSD_TX.pdf
72117	Troject status Description (attached)	
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	✓
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	✓
<217>	Project Plan Status	/
<218>	Network will Support 3G/4G Mobile Service?) 3G () 4G

	ification - Reporting Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
<010>	Study Area Code	448011
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilitie best of my knowledge, the information reported on this form and in a	is include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the ny attachments is accurate.
Name of Reporting Carrier: Texas 10, LLC	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer: Chad Strausbaugh	
Fitle or position of Authorized Officer: Staff Counsel	
Telephone number of Authorized Officer: 6105356474 ext.	
Study Area Code of Reporting Carrier: 448011	Filing Due Date for this form: 07/01/2016

06/15/2016

(102) Certification - Agent / Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 8 of 8
4 100 4 100 100 100 100 100 100 100 100	

<010>	Study Area Code	448011
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my respo agent; and, to the best of my knowledge, the reports and data pr	is authorized to submit the information reported on behalf of the reporting carrier. sibilities include ensuring the accuracy of the data reporting requirements provided to the authorized vided to the authorized.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be pun	ned by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. Name of Reporting Carrier: Name of Authorized Agent Firm: Signature of Authorized Agent or Employee of Agent: Date: Name of Authorized Agent Employee: Title or position of Authorized Agent or Employee of Agent Telephone number of Authorized Agent or Employee of Agent: Study Area Code of Reporting Carrier: Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



(060) Co	verage and Performance Report	FCC Form 690 Approved by OMB OMB Control No. 3060-1185
<010>	Study Area Code	448011
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2015 - 07/2016
<141>	(a1) (a2) (a5) (b1) (b2) (b5)	, < <u><<1>, <<<2>, <<<2>, <<<2>, <<!--2--></u>

Certify that Coverage and Performacne **Total Road** Road Miles Resident **Total Resident** Miles Population Population Road Miles per Census covered per data is uploaded Newly Reached by Service Block Newly Population per Reached by per Census Census Block (yes/no) County Cherokee Census Block Census Block Service Biock Reached State 0000 0 0 Yes 0 тх 0 0.0

Percentage of	
Total Population	
Reached by	
Service	

0		

Percentage of Total Road Miles covered by Service

0		

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2015 – July 2016

Project Status Description

Item: SAC 448011

County/State: Cherokee, TX

Total Award Amount: \$146,820.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

F 1671 No. 2781 THE RESERVE	Fund - §54.1009 Annual Reporting llection Form		Avg. Burd	FCC Form Approved by OMB OMB 3060-1185 en Estimate per Respondent: 18 Hours
<010>	Study Area Code	448012		
<015>	Study Area Name	Texas 10, LLC		
<020>	Program Year	2016		
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
<040>	Has the information required pursuant to §54.1009 to <041> Attach a description of the documents file		<040> 0	•
			<041>	
	<042> Cite the Study Area Code (SAC) for the For	m 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	tribal lands? Yes or No)	\circ	
			\cup	lacksquare

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ier Contact Form	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
-010-	Cauchy Area Code	448012
<010> <015>	Study Area Code Study Area Name	448012 Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding	g this data Chad Strausbaugh
<035>	Contact Telephone Number - Number of person ident	the state of the s
<039>	Contact Email Address - Email Address of person iden	tified in data line <030> cstrausbaugh@cellonenation.com
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder	
<110>	FCC Registration Number	17235110
<111>	Filing Carrier Name	Texas 10, LLC
<112>	Winning Bidder Carrier Name	Texas 10, LLC
<113>	Street Address (or PO Box)	1170 Devon Park Drive, Suite 104
<114>	City	Wayne
<115>	State	PA
<116>	Zip-Code	19087
<117>	Telephone Number	6105356474 ext.
<118>	Fax Number	
<119>	Email Address	6106885209
		cstrausbaugh@cellonenation.com
C	formation	
Contact in	if same as above, indicate in this box ✓	1
<120>	Name (First, MI, Last, Suffix)	1
<121>		Chad Strausbaugh
<122>	Filing Carrier Name	Texas 10, LLC
	Street Address (or PO Box)	1170 Devon Park Drive, Suite 104
<123>	City	Wayne
<124>	State	PA
<125>	Zip-Code	19087
<126>	Telephone Number	6105356474 ext.
<127>	Fax Number	6106885209
<128>	Email Address	cstrausbaugh@cellonenation.com
Authorize	d Agent Information	1
	if no agent, indicate in this box	
<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	The state of the s
1100		

(060) Co	verage and Performance Report	Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448012
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2015 - 07/2016	

448012_CPRd_TX.zip

Coverage and Performace attachments

Percentage of Total

Population Reached by

Service

<141>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>></d>
							:			
									Total	
							Road	Road	Road Miles	Certify that
					Resident		Miles	Miles per Census	covered	Coverage and Performance data
				Resident		_	per	Block	per	is uploaded
	State	County	Census Black	Population per Census Block	Newly Reached by Service		Census Block		Census Block	(Yes/no)
	State	County	CCIISUS DIOCK	CCHSUS DIOCK	by Scivice	Scivice	DIOCK	reacrica	DIOCK	,
				9	ee attach	<u>ed worksl</u>	reet			
							_			
				0]	0		

Percentage of Total

Road Miles covered

by Service

(070) Urban Rate Comparability Certification Con	mpliance : III.	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
<010> Study Area Code	448012	
<015> Study Area Name	Texas 10, LLC	
4020s Drogram Voor	2016	

Chad Strausbaugh

6105356474 ext.

<039> Contact Email Address - Email Address of person identified in data line <030> cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4) l certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate. Texas 10, LLC Name of Reporting Carrier: Signature of Authorized Officer: Date Chad Strausbaugh Printed name of Authorized Officer: Staff Counsel Title or position of Authorized Officer: 6105356474 ext. Telephone number of Authorized Officer: Filing Due Date for this form: 07/01/2016 448012 Study Area Code of Reporting Carrier: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting porting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the s and data provided to the authorized agent is accurate.
ame of Authorized Agent:	
ame of Reporting Carrier:	
ignature of Authorized Officer or Employee:	Date:
rinted name of Authorized Officer or Employee:	
itle or position of Authorized Officer or Employee:	
elephone number of Authorized Officer or Employee:	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

<020> Program Year

Contact Name - Person USAC should contact regarding this data

Contact Telephone Number - Number of person identified in data line <030>

<030>

<035>

Signature of Authorized Agent or Employee of Agent: Name of Authorized Agent Employee: Title or position of Authorized Agent or Employee of Agent	Date:
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Firm:	
Name of Reporting Carrier:	

(080) Teib	al Lands Reporting			FCC Form 690
	reporting			Approved by OMB
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			OMB Control No. 3060-1185
dha i e e			n yn 194 <mark>(sec</mark> entia) yn 19 5 (1956) Nederlândd	Page 5 of 8
<010>	Study Area Code		448012	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year	4h:- d-4-	2016	
<030> <035>	Contact Name - Person USAC should contact regarding Contact Telephone Number - Number of person identifi		Chad Strausbaugh <030> 6105356474 ext.	
<039>	Contact Email Address - Email Address of person identif			tion.com
-11125	State			
<142>	State			***************************************
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation			
		Name of Attache	d Document (.pdf)	
	If your company serves Tribal lands, please select (Yes, I	No. Not Applical	ble) for	
	each of these boxes to confirm the status described on t		,	
	PDF, on line 145, demonstrates coordination with the T	ribal		
	government pursuant to § 54.1004 includes:			
			Select	
			(Yes, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a foc	us on Tribal		
	community anchor institutions;			
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			
<153>	Compliance with Cultural Preservation review processes	i		

<154> Compliance with Tribal Business and Licensing requirements.

				er e
(090) Project	Update Information		FCC Form 690	
			Approved by OMB	
			OMB Control No. 3060-1185	
			Page 6 of 8	
<010>	Study Area Code	448012		
<015>	Study Area Name	Texas 10	, LLC	
<020>	Program Year	2016		
<030>	Contact Name - Person USAC should contact regarding this data	Chad Stra		
<035>	Contact Telephone Number - Number of person identified in data line <030>			
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausba	augh@cellonenation.com	
		_		
<200>	Date Authorized to Receive Support	08/1	6/2013	
<201>	Targeted Completion Date	08/1	7/2015	
<202>	Total Mobility Fund Support Awarded	1588	80.00	
<203>	Total Mobility Fund Support Disbursed	1351	13.83	
<210>	Actual Completion Date	07/	22/2015	
12102	Action Completion Date	L. 0.77		
<211>	Project Status Description (attached)	4480	12_PSD_TX.pdf	
	The second secon			
		ŀ		
		{Nar	ne of PDF attached}	
	Please check these boxes below to confirm that the attached PDF, on line			
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information			
	shall be submitted as appropriate.		<u></u>	
<212>	Status of Network Deployment - Network Design	1		
<213>	Status of Network Deployment - Construction	1		
<214>	Status of Network Deployment - Deployment	✓		
<215>	Status of Network Deployment - Maintenance	1		
<216>	Project Budget Status	1		
<217>	Project Plan Status	✓		
			_	
<218>	Network will Support 3G/4G Mobile Service ?) 3G	O 4G	

(101) Cen	ification - Reporting Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
<010>	Study Area Code	448012
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities best of my knowledge, the information reported on this form and in an	include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the y attachments is accurate.
Name of Reporting Carrier: Texas 10, LLC	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer: Chad Strausbaugh	
Title or position of Authorized Officer: Staff Counsel	
Telephone number of Authorized Officer: 6105356474 ext.	
Study Area Code of Reporting Carrier: 448012	Filing Due Date for this form: 07/01/2016

06/15/2016 92

(102) Certification - Agent / Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 8 of 8

<010>	Study Area Code	448012
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)is authorized to submit the information reported on behalf of the reporting also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
Name of Authorized Agent:				
Name of Reporting Carrier:				
Signature of Authorized Officer:		Date:		
Printed name of Authorized Officer:				
Title or position of Authorized Officer:				
Telephone number of Authorized Officer:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
Persons willfully making false statements on this for	n can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. under Title 18 of the United States Code, 18 U.S.C. § 1001.	§§ 502, 503(b), or fine or imprisonment		

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier		
I, as agent for the reporting carrier, certify that I am authorized reported herein based on data provided by the reporting carrie		
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Agent:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form can be	punished by fine or forfeiture under the Communications Ac 18 of the United States Code, 18 U.S C. § 1001	t of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title



(060) Coverage and Performance Report

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448012
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2015 - 07/2016

<141>

cats	~a2>	ca3>	 doi>	<b2></b2>	63 3	<c1> (1)</c1>	4025	<u>₹63</u> ×.	<d></d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
TX	Cherokee	0000	0	0	0	0.0	0.0	0.0	Yes
	-								
						!			
			<u> </u>						
						1.44			
-									
	<u> </u>	l	<u></u>	<u> </u>		<u> </u>	L	<u> </u>	

Percentage of
Total Population
Reached by
Service

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9		

Percentage of Total Road Miles covered by Service

0	

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2015 – July 2016

Project Status Description

Item: SAC 448012

County/State: Cherokee, TX

Total Award Amount: \$158,880.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

8 * *12	Fund §54.1009 Annual Reporting lection Form	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448013
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com
<040>	Has the information required pursuant to §54.1009	peen provided with a Form 481 filing (Y/N) <040>
	<041> Attach a description of the documents file	d with the Form 481 reporting <041>
	<042> Cite the Study Area Code (SAC) for the For	m 481 reporting <042>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	r tribal lands? Yes or No)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.